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LEADING ARTICLES

THE PHYSICAL AND PSYCHICAL EFFECTS OF HYDROTHERAPY.

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Hydrotherapy was one of the earliest outgrowths of medicine from fetichism. It proceeded from phallic reverence of the female principle expressed in rivers, wells, etc. It developed under the Greeks, who through Aesculapian worship became scientists and passed their legacy of science to Galen and the Arabs. It decreased under the asceticism of early Christianity and under the immoralities to which public baths and massage gave rise. The real or fancied stigma arising from these, was so great that female cleanliness was among the "unco quid" in the dark ages, and regarded as an evidence of immodesty and unchastity. In medicine, however, balneotherapy and hydrotherapy never lost its hold. This was especially true of the psychoses and neuroses. From local medical notions unaffected by asceticism it retained its influence as a means of purification among northern nations. This was peculiarly true of localities where Celtic Christianity penetrated, as sacred springs and wells entered into some of its rites. While hydrotherapy in all its phases continued around the springs where Roman and Celtic usage centered a population whom the springs supported, still the Arabic influence from the south, as well as that from the north forced hydrotherapy into general medical use. The great revival in English speaking countries was due to William Wright of Jamaica, Brandeth and Gregory of Edinburg, Bard of New York and Currie of Liverpool who anticipated the Brand treatment of typhoid and the Kibbie treatment of yellow fever. Their results led to such use of hydrotherapy in the late 18th and early 19th centuries that the first American dispensatory devotes much space to the subject.

According to James Thacher of Philadelphia, in the American Dispensatory, three effects are produced by immersion in cold water: an instantaneous and powerful shock; a sudden abstraction of heat from the surface of the body; and that exertion of vital energies to counteract the shock and restore the lost quantity of animal heat which is termed reaction.

It is easy to perceive that when the body is placed under such circumstances for a few seconds a considerable impression must be made first, upon the sentient system, that is the brain and its ramifications, the nerves, and secondly, upon the sanguiferous and absorbent system, and that such impression may be rendered subservient to prevention and cure of various diseases. It contributes in various ways to brace the human body. The relaxed fibres of the skin and the muscles acquire more solidity and compactness from contraction. Their elasticity is increased and thus is considerable defect overcome. The nerves are stimulated and excited to those powerful exertions on which the vigor of the body so much depends. Hence the superior advantages of cold bathing over all internal corroborants, its immediate salutary action being on the solids without the intervention of the organs of digestion and nutrition. It is peculiarly adapted to those constitutions which, though robust and apparently healthy are liable to nervous, hysteric, hypochondriacal and paralytic affections, as well as to frequent attacks of flatulency and consequent indigestion.

As cold bathing is a remedy which is successfully employed for the cure of various disorders, so is it a preservative against

others and particularly against febrile infection. When used by persons in health it increases the tone of the muscular fibre, strengthens the digestive organs and by diminishing the sensibility of the whole system and particularly of the skin, renders the body less suspectible of atmospheric impressions from cold, wet and sudden change of temperature, thus contributing to the production of what is termed a robust or athletic constitution. Warm bathing is a remedy not less efficacious than cold. It has been imagined that the warm bath relaxes and weakens, whereas they produce a contrary effect; unless the temperature be so high or the time of the immersion continued so long as to bring on that degree of debility which is accompanied with deliquium. But this arises only from an abuse of hot bathing, and is even then the consequence of an excess of stimulation. So far as immersion of the body in water heated to 96 deg. from having a lowering or weakening effect what when duly regulated it is found to raise the spirits, stimulate the pulse and appetite, and to refresh and invigorate the whole body. Hence the benefit derived from it after great fatigue, in old age, in atonic gout accompanied with stiffness, and pallid swellings of the joints, in paralysis, in chlorosis, in diseases arising from a certain torpor of the lymphatic and glandular system such as "scrofula" and certain chronic eruptions, etc. In cases of predisposition to phthisis it abates the frequency of the pulse and tends to retard at least, if it does not wholly prevent the pulmonary affection. In consequence of its soothing and agreeable impression upon the surface of the body it produces very beneficial effects in certain disordered states of the alimentary canal originating in diminished action; and it affords the best and speediest relief in a great variety of painful disorders whether connected with local inflammation or not, such as chronic rheumatism, certain types of lues, nephritis, calculus, colic, entritis, etc. Charton of Bath, England, asserts that paralytics most of whom had resisted the power of medicine, 813 were benefited by the proper application of the warm bath. The time of immersion should be varied according to the temperature of the water and the feelings of the patient.

In a bath at 96 deg. a person may remain fifteen, twenty, or thirty minutes or even longer; but in one at 98 deg. or 100 deg. it will seldom be proper, and indeed there are few persons that can bear to remain beyond ten minutes and in the generality of cases not so long. Patients suffering from chronic rheumatism and palsy bear the high degree of temperature best. When sweating is desired the warm bath should be used in the evening and the patient should immediately afterwards be put into a warm bed to remain in there until late the next morning, but in all other cases the best time for using the warm bath will be in the forenoon about two hours after breakfast. In these cases the bathers should not retire to bed nor confine themselves within doors, but go about as usual unless the weather should be particularly damp or inclement. Hot bathing, like cold bathing, is applied topically by pumping on the diseased part. Sometimes steam is applied to the body instead of warm water. The warm bath is of very great utility to such individuals as are troubled with parched and rough skin. In this and in most other cases a free use of friction with a flannel cloth while in the water will prove extremely beneficial.

In a general way the principles of hydrotherapy here outlined, practically govern modern hydrotherapy; indeed in a most modern discussion of the subject appears the old truth of stimulus by irritation on which Erasmus Darwin, the great pathophysiologist of the late 18th and early 19th century, laid such stress, appears strongly dominant in the physiologic hydrotherapy of the latest observers.

The condition that the early clinicians called nervous adynamia which arose from various exhausting and toxic causes not exclusive of the conditions due to specific toxins were very early treated on the principles just outlined. The influence of hydrotherapy on these conditions and its various resultants, whether nervous or psychic, depends so far as the local conditions are concerned upon the hydrotherapeutic applications.

Demonstrable changes in innervation, as Wintrenitz remarks can be induced in healthy and morbid organisms by hot, warm, tepid, cool and cold applications as well as by electric, mechanic and chemic influences. These changes consist in increase, inhibition, reduction, modification or destruction of the nervous influence at the point of application, or in sensory motor, and sensorial paths; and are conducted, reflected, and otherwise communicated throughout the entire nervous system. Not only, therefore can increase, diminution, modification, or destruction of the perceptive power of the sensory nerve-endings at the point of application by thermic, mechanical, or chemical stimulation occur, and thus acquire an influence over

hypothesia, hyperesthesia, and paresthesia —but acceleration, retardation, modification or inhibition of conduction in the nerve channels may thus be produced. Further more, through the medium of the conducting paths within the central organ, both quantitative and qualitative central changes of innervation can be induced, and, through the efferent and reflex nerve paths peripheral organs be influenced. Inasmuch as the central nervous system incites, stimulates, inhibits, and regulates the functions of all organs, they are affected through an influence exerted upon the nervous system. Every advance in our knowledge of innervational processes therefore naturally implies a similiar advance in the comprehension of the effects of water.

Mechanic and chemic agencies applied to the skin act as irritants. The significance of such stimulation with regard to life or vital processes is evident since life is scarcely conceivable without irritation. Full knowledge of the process of irritation, of the transformation of the physical force applied into vital energy in the cell, in the nerve, and in complex organs is, however, lacking.

Withholding of irritation gives rise to enfeeblement and even to derangement of function and of structure, while application of irritation stimulates and strengthens, but in excess injures.

The value of stimuli for the relief of nutritive disorders is evident. If an undersensitive or an oversensitive area of skin be exposed to a transitory thermic or mechanic irritation, such as contact with ice, current of hot air, or dry friction, or transitory sprinkling with cold or hot water, the sensibility of the skin exposed to the thermic or chemic irritation undergoes a change. Stimulation has modified the innervation, and, if properly applied, has corrected existing derangement of innervation. The remote effects of peripheral thermic and mechanic irritation are evident in the restoration of a person who has fainted, by sprinkling the face with water which results in conveyance of irritation from the sensory peripheral nerve terminations to the medulla oblongata. The cerebral hemispheres, the common sensorium, are likewise accessible to thermic irritation from the periphery.

Changes in nervous states, moods, capacity for work, and desire or activity following cold and hot spongings, affusions, etc., are available hygenically and therapeutically.

Excitation and the inhibition of peripheral stimuli are among the most powerful hygienic, dietetic, and therapeutic factors. Primarily they act by stimulation and depression; the systemic repetition of which induces a cumulative effect in the desired direction, and thus transforms the temporary reaction into a permanent result. Primary nerve stimulation likewise causes demonstrable changes in the function of the other organs, which secondary effects are of considerable importance. The nerve cell exposed to thermic irritation requires, just as does every other organ, more or less nutritive material in accordance with its increased or diminished activity. Thus circulation, metabolism, digestion, and other nutritive processes with the organs on which they depend are stimulated or depressed. Together with nerve stimulation, inhibiting and stimulating impulses are conveyed to corresponding vascular territories, rendering possible simultaneous increase, or diminution in the supply of nutritive material, and, as a result, increase diminution, or modification in function, both local and general. Vascular contraction and dilatation, with preserved and increased, and with diminished and abolished, vascular and tissue tone; changes in the vigor and in the frequency of contraction of the heart are the most important effects attainable by hydrothrapy. By means of these regulation of the circulatory processes is obtainable in a manner often to be determined accurately in advance, thus securing control over the most important nutritive conditions that may, in the presence of nutritive disorders enable the physician to modify them in any desired manner. Thus may be regulated the influx and the afflux of blood, thereby producing not merely localized arterial hyperemia and venous stasis, but likewise controlling the general distribution of the blood, and thus influencing local and general nutrition.

Not only are the heart and the muscular coat of the vessels within the range of therapeutic irritation, but likewise also are the muscular coat of the intestines and striated muscular masses. All of these are not alone susceptible of increase in function, but may be also restricted if their activity, as in the stimulation and inhibition of peristaltic movement, and in the invigoration and enfeeblement of the general musculature. Influence is thus gained, by means of the stimulating measures over more complex organic functions, by means of the primary stimulation, respiration as well as the reaction may be modified.

Oxygen absorption and carbon dioxide elimination are increased by suitable irritation, and, as a result, intra-organic oxida-

tion is favored. The most diverse disorders of metabolism, the most varied secretions and excretions, undergo alteration qualitatively and quantitively.

Water introduced in the stomach is taken up by the body as a whole and plays an important part effecting all the tissues rendering them permeable to the substances soluble in it. When it is desired to flood the tissues to increase the weight of the blood column to augment vascular tension, water in small single doses, repeated at intervals of from 20 to 30 minutes through a considerable time will effect this. Disappearance of fluid effusions and stimulation of absorptive powers is readily produced by alternating fluid with abstinence from all drink through considerable intervals. The blood thus becomes more consistent, more impoverished in water, and thereby better suited to take up fluid from the tissues and initiate absorption and elimination. The ingestion of somewhat larger quantities of fluid from every six or every eight hours, and the withholding of all fluids in the intervals, best fulfill these indications.

Rapid absorption of water, when once initiated hastens the elimination of fluid. Systematic water drinking not only benefits dropsy, but likewise enhances more rapid absorption and elimination of solid products of exudation and inflammation.

The loss from the body is in general much greater after generous administration of water and if the amount of food be not increased, or, even, if it be diminished, the blood in order to retain its normal constitution, must regenerate itself from the tissues of the body and not alone from the circulating fluids. In this way increase of waste and of retrogressive metamorphosis is brought about.

The gain in body-weight that occurs with moderate increase in the amount of water consumed and a corresponding supply of food, is dependent upon the fact that constructive metamorphosis may under such circumstances be stimulated secondarily. With excessive ingestion of water, however, the body-weight declines, although it is soon restored if the amount of water be restricted.

The increased ingestion of cold water exerts a diuretic effect in the strict sense. The organism relieves itself, especially through the kidneys, of the larger amount of water taken. Coincident with the increased elimination of water through the kidneys, the solid constituents of the urine are likewise excreted in greater amount. This is true especially of urea. In this way also metamorphosis of the nitrogenous tissues of the body is materially increased.

That under the same influences the oxidation processes are heightened and become more complete is evident in the reduction of the amount of uric acid eliminated; and by reduction and even complete disappearance of oxalic acid, possibly present in considerable amount before the increased ingestion of water.

Stimulation of oxidation processes attending increased ingestion of water is evident in the greater quantities of carbon dioxid eliminated and oxygen absorbed. Likewise salts and inorganic substances, such as potassium salts, which result principally from muscular metabolism, bone salts, phosphates and sulphates of the brain and glandular structures, are excreted in increased amounts.

Such general stimulation of retrogressive metamorphosis and acceleration of metabolism through systematically increased drinking of ordinary water has hitherto been employed too little therapeutically.

Excessive cooling of the stomach during digestion, together with excessive dilution of the gastric juice is, however, a reason for avoiding excessive ingestion of water with food. In rapid ingestion of considerable quantities of water the direct elimination of solid substances through the kidneys is less than with gradual ingestion of the same quantities.

Cold water internally actively stimulates peristaltic movements thereby exerting a favorable influence upon the circulation of the stomach and intestines, accelerating the rapidity of the blood current in the portal vein, thus favorably influencing liver functions and increasing bile secretion.

Balneotherapy is a division of hydrotherapy which consists of first, baths, douches, and affusions, wet and dry bags, steam, hot air and electric light baths, compressed bag and coil and irrigation. The baths are divisible in general and partial baths as regards the extent of application. The general baths comprise the high bath, the plunge bath, the half bath and the full bath. The high bath applied as a sedative measure in erethistic nerve states, diffuse pain, pruritus, and as a hypnotic is a form of top bath in which the water reaches above the shoulders when sitting. The duration is from five to twenty-five minutes and the patient is chiefly rubbed without changing position, the temperature being from 90 deg. to 100 deg.

The plunge bath is a cold bath at a temperature of 59 deg. to 72 deg. and of very short duration. The brief irritation of a

minute, together with the active movement of the patient, stimulates innervation, circulation and general functions of the body. The half bath consists in the head being cold, the chest being sprinkled with water and the patient in a sitting posture with water at the level of the navel. He is then immersed to the level of the shoulders and assumes a sitting position while the proper part of the body is actively douched. He then assumes the half-line dorsal position while active application is applied first to the chest and then to the abdomen and extremities. The temperature should not be less than 73 degrees. In nervous cases, the duration at first should not be more than four minutes. The cold full bath should occur in a large tub at from 47 deg. to 54 deg. and the duration should be at most, one minute, and the head should first be cold. These baths are of value in conditions where oxidation and elimination are desired.

The partial bath consists of the occipital bath, elbow bath, high bath, foot bath, an hip bath. The occipital bath consists in immersion of the back of the head in a basin, in and out of which water at an ordinary temperature continuously flows. The duration should be from five to ten minutes. It is of value in occipital headache, eroticsim, local neuroses and in nervous asthma. The occiput in certain cases may be treated by a suitable coil. The elbow bath consisting in immersion of the elbow in running cold water about 56 deg. is of value in neuralgia.

Head and foot baths are similarly employed, hand baths being at times beneficial in asthma.

The influence of water is not merely through temperature, volume and pressure, but also through a chemic effect which influences nutritive processes, whether employed externally or internally.

The influence of water on the peripheral nerve endings, varies with the chemical constitution of the stimulant. Waters of different composition vary in heat absorbing and heat conducting power. They therefore differ in their influence upon metabolism. Carbon dioxid, in water employed externally, augments as Witernitz has shown, the physical influence of heat and mechanical stimuli. The bubbles of carbon dioxid collecting upon the skin, so stimulate the peripheral nerve terminations as to benumb thermal sensibilities.

According to Schwenkenbecker, water evaporates through the skin outside of the secretion of the sweat glands. This evaporation is a regulating process averaging as much as 28 grams an hour in a youth of ordinary size on ordinary diet and at moderate work. The use of water internally, therefore, implies decided metabolic change. This evaporation was recognized by the older clinicians as insensible perspiration and as playing a very decided part in metabolism. The researches of Schwenkenbecker, demonstrate fully the validity of this view. The sensible perspiration does not have this effect, and hence does not subserve the purpose of the insensible perspiration.

The ingestion of somewhat larger quantites of fluid from six to eight hours, and the withholding of all fluids in the intervals, best fulfill these indications.

The more rapid absorption, once initiated, does not remain confined to the elimination of fluid. It will thus not only be possible, by means of the systematic drinking of water, to render a useful service in the presence of dropsy, but to cause the more rapid absorption and elimination of solid products of exundation and inflammation. As Bocker likewise has shown, loss from the body is in general much greater after generous administration of water. If the amount of food be not enlarged, or be even restricted, the blood in order to retain its normal constitution, must regenerate itself from the tissues of the body and not alone from the circulating fluids. In this way increase of waste and of retrogressive metamorphosis is brought about. The gain in body-weight that occurs with moderate increase in the amount of water consumed and a correspondingly supply of food, is dependent upon the fact that constructive metamorphosis may under such circumstances be stimulated secondarily. With excessive ingestion of water, however, body-weight declines, alhough it is soon restored if the amount of water be restricted. The increased ingestion of cold water exerts a diuretic effect in the strict sense. The organism relieves itself, especially through the kidneys, of the larger amount of water taken. Coincidently with the increased elimination of water through the kidneys, the solid constituents of the urine also are excreted in greater amount, as numerous investigators have found. This is true especially of the urea. In this way also the metamorphosis of the nitrogenous tissues of the body is materially augmented. That under the same influences the oxidation processes are heightened and become more complete is shown by the reduction in the amount of uric acid eliminated; and by reduction and even complete disappearance of oxalic acid that may have been present

in considerable amount before the increased ingestion of water. The stimulation of oxidation processes attending increased ingestion of water can be demonstrated also directly by the measurement of the greater quantities of carbon dioxid eliminated and oxygen absorbed. Salts and inorganic substances, such as the potassium salts, which result principally from muscular metabolism, the incombustible salts of the bones, the phosphates and sulphates of the brain and the glandular structures, are likewise excreted in increased amounts.

The universal stimulation of retrogressive metamorphosis and acceleration of metabolism by means of systematically increased drinking of ordinary water has hitherto been employed as Winternitz remarks, but too little therapeutically. Excessive cooling of the stomach during digestion, together with excessive dilution of the gastric juices, will be a reason for avoiding excessive ingestion of water with the taking of food. Mosler has found that with rapid ingestion of considerable quantities of water, the direct elimination of solid matters through the kidneys is smaller than with gradual ingestion of the same quantities. The drinking of cold water stimulates actively the peristaltic movements, thereby exerting a favorable influence upon the circulation in the vessels of the stomach and the intestines. This accelerates moreover, the rapidity of the current in the portal vein, and thus favorably influences the functions of the liver and augments the secretion of bile.

The object of foot and hand bath is to exert a revulsive or directly derivative affect. Hot hand and foot bath may be combined with benefit with cold sponging. The well-known dew-walking of Kneipp, was based to some extent on this principle, but was over-done. The principle is an old one and was much used when hydrotherapy was employed in treatment of the psychoses more than it is now. The cold sitz bath consists chiefly in covering the gluteal region and the front of the abdomen with very cold or very hot water from a quite brief to a rather prolonged period. The cold sitz bath of from two to five minutes duration at a temperature of from fifty to sixty-eight F. is of value in all conditions of the abdominal and pelvic organs, accompanied with anemia, passive hyperemia, motor insufficiency, nervous depression and torpid metabolism. Hence it is of use in constipation, amenorrhea, impotence, prostatorrhea and spermatorrhea, bladder atony and fecal incontinence. It is contraindicated in profuse uterine hemorrhage where the tepid bath is of value. The cold rub is used by immersing a sheet three yards long, and two yards wide folding lengthwise in water of the temperature indicated. The sheet is then wrung out and wrapped around the patient in the following manner: the free border of the sheet is introduced into the right axilla, the sheet passed transversely across the chest and abdomen and through the left axilla around the back and the remainder of the sheet is brought over the shoulders so as to envelop the entire body. The end of the sheet is then tucked in securely at the neck. The body is then vigorously chafed through the sheet. The patient is in the erect posture and the feet should be in water at a temperature of 104 to 106. After the cold rub, the feet should be chafed vigorously. The drip sheet is similarly applied but the sheet is not wrung out.

The drip sheet is more sedative than the cold rub and much better adapted to the motor restlessness which occurs in opium abstinence and allied conditions. The mode of action of the different douches and affusions are much the same. The mode of action may be summarized as follows: Cold douches of short duration at a temperature of from 10 to 20 C. (50 to 60 F.) and up to half a minute in duration, or exceedingly hot douches of from 35 to 40 C. (95 to 104 F.), act as a vigorous stimulant, cause hyperesthesia of the surface of the body, and increase muscular vigor and electro-motive irritability. More protracted cold or hot douches have the opposite effect, so long as the pressure is not so great that the effect of the temperature is exceeded by the effect of the mechanical irritation. Tepid and warm douches at a temperature of from 26 to 35 C. or 78 to 95 F., for from half a minute to two minutes, have a sedative and relaxing effect, and diminish the general tone and the muscular vigor. The statement is, on the whole, applicable to partial douches. Here also the following law may serve as a guide. Douches of low temperature of brief duration, and of high pressure, have a more stimulating effect while those of higher temperature, longer duration, and low pressue, may have a less stimulating and even a sedative effect.

The employment of stimulating compresses is underlain by the following principle. When the compress is applied, the peripheral vessels in certain parts of the body and even in the deeper parts contract. The human organism evinces a strong tendency to neutralize the difference in the temperature; the vessels dilate, the circulation becomes greatly increased; with the

hyperemia are associated its effects, namely, increase in local metabolism and in the local vital processes generally. It is clear that under those circumstances a materially greater effect can be obtained by means of procedures with alternating temperatures, such as cold and warm compresses applied in succession to the same part of the body.

While as Burney Yeo has shown the older view that absorption of mineral matter played the chief part in the effects of mineral baths is erroneous, still, the volatile and gaseous constituents, are admitted through the respiratory organs and the skin is likewise permeable to these. The skin has moreover been found premeable to water and watery solutions in a fine spray at an elevated temperature. Absorption in the bath is promoted thus and the force of the spray favors the absorption. Removal of the fatty products from the sweat glands and hair follicle secretions by a hot sponging precedent to the bath aids in the action. Stronger salt baths, like sulphur baths, often produce urticaria and dermatitis. Often this is a product of the constitutional effect produced by the metabolic results of the bath on torpid organs, and hence disappears with continued use. It is simply the aggravation which according to the old clinicians indicated the proper effects of the bath on the torpid organs, and hence an expression of the first attempts of an organ at regaining its normal state. Lymphatism, rickets, arthritism and various neuralgias are benefited by these baths. The mud or peat bath acts similarly, but more intensely on scleroderma and allied states. They, as Kisch has shown, increase the pulse rate, blood pressure and respiration. Other than the phosphates, they increase the urinary excretion of solids. On the mixture of autotoxic and euro-adynamia found in protracted convalescence from acute disease, in debility from chronic constitutional disease, in neurasthenia at periods of involution which threatens permature senility and on the autotoxic neuro-adynamic states consequent on neuralgia on insomnia, on dysmenorrhea and on states secondary to neuritis they act well. Their psychic affect from the relief of irritation is often intensely exhilarating at first which temporarily more than relieves previously existing depression, but too often is followed by reaction. At this point, tonics and cardiac stimulants like minute doses of strychnine nitrate are needed to retain the exhilaration and prevent reaction from its over-stimulation of the cerebral vasomotor centers.

The efficient baths of the mineral variety are divisible into different thermal, brine baths, gaseous thermal, salt baths and sulphur baths. The first type of baths, act simply as alkaline warm baths. They are divisible into those of indifferent temperature those above 98 deg. and those below. The first stimulate mildly, the surface nerves, and hence are soothing to the central nervous system. They gently improve metabolism and as they also macerate the epidermis, conditions like psoriasis and eczema, are often benefited by them.

The brine bath depends partly on its temperature, but mainly on the stimulating action of the dissolved salts on the peripheral dermic nerves. Cutaneous sensibility and blood pressure are raised and general metabolism likewise affected.

They favorably effect exudates, such as occur in arthritic state whether primary or secondarily to traumatism. Their effect on sciatic and allied neuralgia is primarily beneficial but requires assistance from massage, hot douches, etc. In pelvic congestion and accompanying uterine and peri-uterine states, they are of value. The temperature of the bath should be constant and the water should not reach higher than the waist. Cold compresses to the head and cardiac region aid their effect.

Philosophy of Life.—Did it ever occur to you that a man's life is full of crosses and temptations? He comes into this world without his consent and goes out against his will, and the trip between is exceedingly rocky. The rule of the contraries is one of the features of this trip; when he is little the big girls kiss him, when he is big the little girls kiss him. If he is poor he is a bad manager, if he is rich he is dishonest; if he needs credit he cannot get it, if he is prosperous everybody wants to do him a favor. If he is in politics he is for graft, if he is out of politics he is no good to the country; if he does not give to charity he is a stingy cuss, if he does it is for show. If he is actively religious he is a hypocrite; if he takes no interest in religion he is a hardened sinner. If he gives affection he is a soft specimen, if he cares for no one he is a cold blooded pup; if he dies young there was a great future for him, if he lives to an old age he missed his calling. If you save money you are a grouch, if you spend it you are a loafer, if you get it you are a grafter, if you don't get it you are a bum. So what in h—'s the us? Life is just one d— thing after another.

PERSONAL EXPERIENCE IN THE TREATMENT OF VENEREAL DISEASES.*

JOHN D. SEBA, M. D.

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Physiology teaches that the first aim in the life of all living creatures is, to maintain their own comfortable existence, and that the second uppermost desire is to perpetuate their own specie. This teaching no doubt is true. Anything therefore that influences either for good or bad the perpetuation of the species becomes at once of vast importance. It is not the aim of the author to dwell upon those things that effect the perpetuation the human race favorably, these should be left to the physiologist and the hygienist; but rather those that effect the perpetuation of the human race unfavorably—that is the sphere of the physician and the pathologist.

Of the many things that might be enumerated to effect the perpetuation of the human race unfavorably, no doubt, gonorrhea and syphilis are the most prominent. It is not the aim of the essayist to go into the pathology of these afflictions, suffice it to say however that he believes that gonorrhea is due to the infection with the gonococcus of Neisser. A bacillus has been found in the lesion of syphilis by Lustgarten and others, but whether this is the specific cause of the disease has not been definitely determined. Both diseases are mostly acquired from persons afflicted with the disease during sexual congress. But it is not at all impossible to acquire them in some other way, as you will find from my experience further on. A doctor of considerable experience has informed me that he believed that from ten to fifteen per cent of syphilitic infections were acquired from contact with the disease other than sexual congress. In gonorrhea too you will find from the statements of patients that they too have acquired the disease in divers ways other than the sexual route. It is possible that these statements of patients contain some truth, but it is highly improbable that gonorrhea is contracted otherwise than by coition.

The following report of cases are taken from my note-book and memory. These cases have been selected more from some peculariarity of some phase of the disease and the result of treatment than from a scientific view point.

*Read by title before the Medical Society of the Missouri Valley at Omaha, Neb., March 18, 1910.

Case No. 1.—In passing a farm house I was called in to see a young girl who had just returned from a large city where she had been employed as a domestic. She complained of frequent and painful micturition. Without further examination I made the erroneous diagnosis of cystitis. I had only my saddle bags with me and it was nearly empty. For want of something better at hand I gave her small doses of calomel triturated with bicarbonate of soda, thinking that the soda would create an alkalinity of the urine. I left probably two dozen powders. Two days after the report came that the girl was much improved. A week later they were after more medicine, as the complaint had returned. I then sent some medicine for cystitis proper. The report came back that it had failed to relieve her. I went to see her with the express purpose to irrigate the bladder. When I was about to introduce the catheter I noticed the rose spots of syphilis around the orifices of the vagina and rectum. This gave me considerable enlightenment in the case. I told them that I had been mistaken in the diagnosis and the girl did not need irrigation of the bladder and that I could relieve her by internal medicine. I then repeated my first prescription of calomel with instructions that the patient report to me in my office when the medicine had all been taken. When she reported I had a heart to heart talk with the girl, I informed her of the danger of infecting persons, and that she must not get married within three years. This later injunction was not heeded, as she got married after one year of the time I first saw her. She is now a useful member of society and has several children. As far as I can tell none have any syphilitic taint in their blood. The husband too has never been infected. But she occasionally comes back to me for her bottles of solution of iodide of potash, which she claims helps those rheumatic pains better than any medicine she ever took. The community at large had no right to know that this woman was a syphilitic. I have kept my mouth closed and they do not know it today. It was none of their business, it was a matter entirely concerning herself and her doctor.

Case No. 2.—A man, aged 35, dark complexion. Had been parted from his wife for a time. Came to me with the statement that he had been ailing for the last year, and that he had been treated by several physicians without any apparent relief. He suffered from vertigo and a sensation of falling to the ground when stooping. He said that his hearing was failing to such

an extent that he could not understand an ordinary conversation carried on in ordinary tones. There was a notable tremor in his hands. He told me that he had been treated by three different doctors without any relief. I knew the doctors that had been treating him and I knew them to be good men. I made a diagnosis of syphilis and put him on antisyphilitic treatment with the result that improvement was prompt and within a month the man was able to go to work. In this case I have all reason to believe that the man had contracted the disease from his wife. The patient lived in a neighboring town and prevailed on me to give him a prescription, which I did, and that was the last time he called on me. Right here let me ask the question, is it wise or otherwise to give prescriptions to venereal patients? If you do you will in all probability lose your cases. On the other hand, this patient lived in a neighboring town where there are good men to take care of him, provided they knew that he was a syphilitic. Right here there is a question of ethics involved. If a patient comes to you from a neighboring town that has not been referred to you by any physician and one too who has tried others, and they have failed. Is it not better to fix up their medicine and have them to call for more, than to send them into the world with a prescription where there is a likelihood that the person becomes his own medical adviser, or even falls in the hands of a competent druggist? I am a prescribing physician, but I do not like the idea of writing prescriptions in cases of venereal diseases.

Case No. 3.—A young man 21 years old called at my office for the express purpose to be examined to see what was the matter with him. He made the statement that he was married only for a week and that up to that time he had not been afflicted. Upon examination I found that he was suffering with a well developed case of gonorrhea of a few days standing. He vowed that he had never carnally known any woman except his wife. He asked me to be candid with him and tell him whether in my opinion he had contracted the disease from his wife, at the same time intimating that in case he had he would obtain a divorce from her. Whether right or wrong I told him the truth. I told him that I had treated his wife before marriage to him for the same complaint, and not only that I had treated two young men who both claimed that they contracted the disease from her. I told him that I thought that he had been duped and in case he wanted to get a divorce I would be a witness in the case. After treatment he went home and raised hell. Two days after he came back with the explanation that his wife had explained the whole matter, which was about as follows: His wife had worn the underskirt of another woman who was afflicted with the disease and she had therefore contracted it innocently. The two young men who claimed to have contracted the disease from her she claimed had contracted it by using the same closet after she had occupied it. This explanation was entirely plausable to the newly young man and even I had to admit that it was not impossible that the contagion was carried in that way. Well the young couple are now living in peace and happiness. It is not always the wise that live happy, sometimes it is otherwise.

Case No. 4.—A business man of a neighboring town came to me and asked me to fix up some medicine for his friend, who he said had gonorrhea. I asked him to let me look at his friend and see how bad afflicted he was. After some parleying he admitted that he was intending to use the medicine himself. He made a complete recovery without sequela.

Case No. 5.—A middle-aged woman came from a large city for the purpose of having me to treat her; she called it ulceration of the womb. This was true, but the microscope said that the ulceration was due to the infection of the gonococcus. The womb was swabbed out with a 95 per cent carbolic solution followed with alcohol. This with some internal antiseptic was followed with prompt improvement. This was a peculiar case, the tissues were all so relaxed that the procedure of swabbing could be easily proceeded with. I would here state that I would not recommend this procedure in every case. There are only very few cases that are suited for such treatment.

Case No. 6.—A young man 25 years old and single had contracted gonorrhea. He had been treated by four different doctors. It seems he kept running from one doctor to another and his urethra kept on running too. When I saw him he had a well developed case of stricture. I dilated the stricture, but the case seemed rather troublesome and the case was about to fall into the hands of advertising quacks, unless I did something radical. I therefore procured some of Parke,-Davis & Co.'s gonococcus vaccine. I have given him four doses hypodermatically. One c.c. at a dose, or about 100,000 dead gonococcus bacteria. I gave the injections in the arm about seven days apart. This has put a quietus on the

running of the patient, and also of the infected urethra. I like this treatment in difficult cases.

Case No. 7.—An unmarried lady aged 29 years came from a large city where she had been in business to have me treat her for hemorrhoids. Upon examination I found the rectum very sensitive but no evidence of hemorrhoids. I noticed at the same time that there was a discharge from the vagina. The microscope said that the lady was suffering from gonorrhea. I thought that if permanganate of potash was good in vaginal gonorrhea it could also be relied upon in gonorrhea of the rectum. I injected about twenty grains of the drug into the rectum and the absorption caused me very much alarm. The patient went into a state of collapse. I gave an enemata of luke warm water and got the drug out of the rectum as soon as possible. After treating her a few days I found that the tubes were also affected. Hence I began with the hypodermic injections of the P. D. & Co.'s gonococcus vaccine. I gave her three injections in all. The dose was 100,000 dead bacteria, or 1 cc. Injections were given in the forearm about five days apart. The injections caused some burning sensation at the site of injection, with some reaction or alleviation of the the bodily temperature. Other medications were suspended with the exceptions that the vagina was cleaned out daily by swabbing the same with absorbent cotton. Before I gave those hpyodermic injections the os always looked angry with some granulations thereon. But after those three injections the metrium had paled and apparently looked healthy. The lady has since returned to the city thinking herself entirely cured. The coming of two swallows does not make summer, neither does the successful treatment of two cases of gonorrhea prove that the remedy is a specific in gonorrhea infections. But so far I must say that I am pleased with results obtained, and if opportunity shall present itself again I shall certainly use the P. D. & Co.'s gonococcus vaccine again and I shall expect good results therefrom.

Reciprocity with Texas.—Texas reciprocates only upon basis of written examination (Rule No 1.) under present laws with Missouri, Illinois, Indiana, Iowa, Michigan, Kentucky, Maine, Nebraska, Minnesota, District of Columbia, West Virginia, Maryland, Wisconsin, Vermont, North Dakota, Virginia, Ohio, New Jersey, Arkansas, Kansas, Nevada.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

The Physician and the Pharmacist.

The trend of modern medicine is to make physicians more and more dependent on the druggist; the schools teach drugs, but they do not teach their compounding in anything like a practical manner. The physician who attempts his own compounding with no other preparatory training than that given in the average medical school will certainly make some unsightly and unpalatable mixtures and eventually will probably resort to those elegant pharmaceuticals which come ready compounded and ready for dispensing as a wind up. But in all but the smallest communities he prefers to depend upon the pharmacist as his right hand in this matter. By all rights the physician and the druggist should work hand in hand there should be no misunderstandings and nothing but cordial co-operation on either hand. Unfortunately, this is not always the existing condition. There is doubtless fault on both sides, but our view-point makes us see the medical side and from what we see and what we know we do not wonder that there is such an increase of dispensing among physicians as to make it a matter for serious discussion in pharmaceutical journals. The most common and objectionable faults of the retail drug trade, faults which are leading to a divorcement of the two professions, are counter-prescribing, the criticism of prescriptions to patients and the picking out some one physician as a favorite and boosting him to the disadvantage of his fellows. Could these be lessened almost to the vanishing point there would certainly cease to be differences between the professions. The trouble is that the retail pharmacists recognize that there is something radically wrong, but they simply will not see and remedy the very evident causes.

The editor of Meyer Brothers Druggists, in his July issue states that the problem exists in England where the pharmacists

are trying to discourage dispensing among physicians. He quotes from the Pharmaceutical Journal as follows: "Unless the committee be composed of the major portion of medical practitioners who dispense medicines and pharmacists connected with ordinary retail pharmacies, the result can only be interesting from the academic point of view. It would be a simple affair for medical practitioners who do not dispense, and pharmacists whose businesses are of the highest type, to come to a conclusion which would satisfy them but might at the same time be wholly distasteful to the rank and file in both callings."

And commenting himself says: "Our British exchange has pointed out the real difficulty which has been experienced in this country. If anything is to be accomplished, it must be done by the actual retail druggists who feel that they are forced to counter-prescribing and the practicing physicians who deem it to their interest and that of their patients to dispense their own remedies. The teachers in medical and pharmaceutical colleges, editors and others interested in the welfare of medicine and pharmacy, may give advice, but their resolutions will not amount to anything unless understood and agreed to by the parties most concerned. The Pharmaceutical Journal evidently feels that the task of reforming dispensing practitioners in England is a hopeless one and the editor suggests that the conference committee may accomplish more good by securing co-operation between pharmacists and physicians in the work of curtailing the sale of dangerous or useless nostrums. The editor makes the practical observation that 'It would not be the first time that a committee has been formed with one object and pursued another to a satisfactory conclusion.'"

In the same number he gives under "Therapeutics for Pharmacists" a series of short abstracts which appear to be intended only for those who are practicing medicine and prescribing medicines. What does a pharmacist need to know about "Calomel for Asthma;" the technique of administering quinine to children; the reasons for giving larger doses of codeine than have been usual; the formaldehyde-permanganate method of room disinfection, and about the bacteria in pasteurized milk? As we see it he should know the dose, the proper method of compounding and be able to handle the phases of medicine which belong to his domain and which physicians would gladly leave to him. But the treatment of asthma is none of his business, nor does the problem of larger doses of codeine concern him; so long as he will not understand this there will be a problem, and it is going to get worse rather than better and he, the retailer, will be the loser.

The Lay Press and Our City Hospitals.

In one of our recent issues we expressed ourselves rather forcibly on the attitude of the lay press toward those who are striving to give St. Louis the best municipal hospitals and the best hospital service which any city knows. It is somewhat gratifying to have this editorial closely followed by a frank acknowledgement of change of heart on the part of the most influential of St. Louis papers; whether or not our utterance led to this end is of no concern, the fact that it is is sufficient. The Republic for July 26th has the following to say of our public hospitals:

"Quite possibly without any studied design some of the St. Louis newspapers are carrying on a vicious crusade against the present management of the city's free hospitals which is calculated to cause serious harm. Ignorance, exaggeration and downright misrepresentation have characterized the publications that have been made in the course of this crusade, and it will not be surprising if much unwarranted prejudice is created among those who are uninformed respecting the actual facts.

"It is well the public should understand, therefore, that the new system of hospital management so recently introduced in our city institutions is not working badly. The Republic has taken pains to ascertain the truth and can state emphatically that the new system is accomplishing effectively those desirable reforms in our municipal hospitals it was expected the reorganization would bring about.

"Some mistakes may have been made, as is inevitable under any circumstances in any radical change of system, but the things that may be subject to criticism are not of the kind the sensational publications that have appeared in some newspapers would suggest. The examples of mismanagement that have been recounted in the newspapers may be fairly weighed by consideration of the actual facts in two typical cases.

'Take the case of Charles Mitchell. The newspaper stories have represented that in this case the hospital record was "a scalp wound and alcoholism," and that it was not learned until after death that the man had a fractured skull. The truth is that the

fracture was correctly diagnosed and the treatment was exactly what the nature of the injury called for. Harry Clodfelter, represented as "suffering from rheumatism," is reported to have been held in the contagious ward for a month "among patients suffering from many diseases." The facts are he was not in the contagious ward, he was in the ward in which he belonged and he was properly treated.

"Of similar character are the representations that under the new system the internes are 'becoming errand boys' and are 'not getting the experience they anticipated.' Again the truth is the interne has every opportunity for experience he had under the old system, and much that he didn't have before. He examines his patient on admission, makes his diagnosis and begins treatment if he thinks it expedient to do so. But his diagnosis and treatment are reviewed within twenty-four hours by a member of the visiting staff. Mistakes are thus promptly corrected for the benefit of the patient and the interne alike.

"It would be strange if the system of hospital management in force should not work well in St. Louis. The people of this city ought not to be misled into thinking it doesn't work well here."

China and Opium.—According to missionary testimony, China is acting in earnest in the suppression of the opium curse, and anti-opium leagues have been formed in many of the great cities. According to Rev. W. L. Beard, there were, in the city of Fu Chau, three years ago, more opium dens than rice shops, but now, through the influence of the anti-opium league, there is not a single one. One of the most encouraging evidences, however, is the fact stated in a recent dispatch that the danger of famine in the western districts of China is lessened by the amount of land which has been diverted from opium culture under the recent laws and devoted to the growth of food products. While there used to be enormous fields of poppy flowers, making this crop the most conspicuous of any, there are now fields of rice and hemp and the open culture of the opium plant is largely a thing of the past. Without doubt there are opium dens publicly open in some provinces, especially near the European settlements, and illicit sales still continue in Chinese "blind pigs" elsewhere, but the outlook seem to be encouraging.—Jour. A.M.A.

PERISCOPE.

C. W. HEPBURN, M. D.

Large Phagedenic Ulcer of Abdomen.—In Annals of Surgery, Dr. William H. Luckett reports a case of the above. He uses the word "phagedenic" for lack of a better term to describe a rapidly progressing ulcer of a gangrenous nature. The patient, a man, 55 years old, a gardener, was admitted to hospital May 30, 1908, with an ulcer with its center on about the lower one-third of a line between the umbilicus and the anterior inferior spinous process of the ilium, oval in shape, longest diameter transversely, about 2 x 3 inches in size. The center of the ulcer presented a small round area of grayish, sluggish, low grade of granulations, about one inch in diameter. Surrounding this was a black ring of gangrenous skin, dry outside, moist and undetermined and irregularly attached beneath, with small honey-combed sacculations of thick sloughy pus. The outer edge of this black ring was firmly attached to the adjacent skin, and although the demarcation was sharply defined, it would bleed if detachment were attempted. The circumferential adjacent skin was red, slightly raised and inflamed, but not undermined. Resisting all external and internal treatment administered, including some highly reputed, especially efficacious "special treatment for ulcers," the ulcer rapidly spread, until, on June 12, it measured 5¼ x 10¼ inches, and the patient was delirious, his temperature 104 deg. and pulse rapid. The next day, June 13, it was decided to treat the case wholly on surgical grounds and to wholly ablate by actual cauterization. Patient was etherized. The entire ulcer, including the skin beyond the inflamed ring, was thoroughly cauterized. The extent and magnitude of this procedure can be more fully grasped when it is said that the benzine of two freshly-filled Paquelin thermocauteries was consumed in a period lasting 55 minutes. The cauterized surface was thoroughly swabbed with pure carbolic acid, which inturn was washed with alcohol, and a mild bi chloride wet dressing applied. Recovery was complete and rapid. The author's conclusions are terse and to the point: "Procrastination and temporizing with ineffectual internal medication and external dressings came near to losing the patient. Such rapidly extending ulcers should at once be thoroughly ablated with the actual cautery."

Pellagra and Hookworm.—In a communication to Medical Council, Dr. C. Ken-

drick, after a brief comment on pellagra, says, in part, anent Mr. Rockefeller's million-dollar giff and the hookworm: "It would be interesting reading if some wise Southern doctor would give a list of places where that million-dollar gift could have been used to much greater advantage. Perhaps not one in a hundred who has hookworms is seriously injured by them, and there is no disease—or, at least, there are very few—in which we have so nearly a specific as we have for the hookworm. It is true that until recently we did not know the hookworm caused the condition we find in hookworm patients. I am not perfectly sure now that the hookworm is not a result rather than the cause of that condition. Now, let all laugh aloud who wish to do so! Many years ago we thought children 'dirt-eaters' who we now believe had hookworms. A favorite domestic remedy for supposed 'dirt-eating' children was burnt copperas made into pills with pine resin; one three times a day. It was used with great suceess, and, while I have not known it used in many years, I doubt very much if we have a better remedy for destroying the worms. I have read and heard a great deal from doctors whose practice has not been among poor people in the pine hills, but whose work has been in cities and towns. I would like to hear more from some of the old-time physicians whose work has been in the pine hills or sandy localities at a time when every pale, dropsical, tallow-faced child was called a 'dirt-eater.' Probably some of them will agree with me that the hookworm craze is to a great extent a silly fad . . . No doubt all of us have lost patients because we did not know the nature and cause of the disease. But how many lives have been lost because some one who is an expert with a microscope did not tell us sooner that our patients had hookworms. If the question is investigated fully we will find that we have lost very few, if any, because of our ignorance of the hookworm, certainly not more than we have lost on account of our ignorance of the cause of other diseases."

Genital Canal Blocked Following Neisser Coccus Infection.—In his paper in Annals of Surgery for March, 1910, Dr. Charles E. Barnett says he believes that race suicide, childless marriages and disrupted homes are important factors on account of gonorrheic sterility in man, yet he believes that the pathology produced from a lack of drainage in this canal overshadows the other points in importance. Deep urethral infection is necessary in order to produce this pathology, and while it is possible for the gonoocccus to produce deep infection in other ways, the most used route is from the urethra to the sinus pocularis, flooding the prostatic ducts, through the sinus to the ejaculatory ducts into the vesicular ducts and vasa ducts and vasa mapulla and on up the vasa to the epididymi. When this upper tract is free from contamination a secondary infection may be produced when pressure is made upon an infected vesicleeor vas ampulla with atresia present in front of the vesicular duct, whereby a short circuit will be formed and the infection will be reverted back up the vas to the epididymis. When occlusion occurs anywhere from the efferential vessels, through the epididymis to the deferential ducts, azoospermia would present. On the other hand, with this channel open, marked pathology might be present, blocking the vesicular and prostatic ducts but leaving the canal open for spermatozoa. The probable cause, though, is a blocking of the ejaculatory ducts on account of the minuteness of their lumen. asostomy, vesiculotomy, epididotomy and the evacuation of a prostatic abscess are all operations, in the writer's opinion, to relieve pathology resulting from genital canal block. In the correction of this pathology the surgical hypothesis is a difficult one, where the final results anticipate normal function. It is true that in some cases the cysts are emptied and the block preventing drainage removed. This relieves the symptoms temporarily, but the time may finally come when a recurrence will happen, indicating that a thorough removal of the pathologic field is necessary in order to prevent a farther extension of the diseased process, rather than to try to save a crippled canal surrounded by contaminated glands that are always nagging the body with their symptoms of distention. Seven cuts illustrate the paper.

Renal Secretion During the Administration of Chloroform and Ether in Gynecological Surgical Operations.—Dr. J. Wesley Bovee contributes to American Journal of Obstetrics a report of his investigations made to ascertain the modifications of the urine caused by chloroform and ether anesthesia during gynecological surgical operations. Practical relations of surgical gynecological work to the study seemed so necessary that it was decided to do the work in the operating-room as well as in the ward. The quantity, amount of urea, and ordinary microscopical findings were sought and incidentally the effect of position on excretion. Thirty-two cases were studied,

in 16 of which chloroform was exclusively employed and in the remaining 16 ether alone was used. The data obtained is set forth in 8 tables and 2 charts, the latter showing by contrast the influence of the Trendelenberg position on the quantity of urine secreted in 8 cases, 4 from each series. The author's conclusions summarized are: 1. From the study of the 32 cases it would appear that the rate of excretion of urine is markedly lessened under anesthesia produced by ether or by chloroform. 2. That such diminution is greater from chloroform than from ether. 3. That while chloroform produces a diminution in urea output this continues to maintain an early normal proportion to urinary excretion, while ether produces a greater proportionate lessening of urea than of the urine. 4. That these two anesthetics when carefully and skillfully administered have little effect on the production of casts and albumin in the urine, inducing it in some, stopping it in others, and in others either not producing it or not materially modifying such production. 5. The Trendelenburg position greatly retards the rapidity of urinary output.

The Problem of Uterine Cancer.—In his paper in St. Louis Medical Review Dr. George Gellhorn reviews the progress achieved in the field of cancer. About ten years ago, out of every hundred women with uterine cancer, only about twenty on an average could be subjected to an operation with any reasonable hope of lasting success. Today the percentage of operability ranges between 65 and 90, in other words, almost four times as many patients can now be operated on radically as was possible only ten years ago. The factors which have brought about this remarkable change are: 1, better diagnosis, and (2) better operative technic. The necessity of a better, i. e., earlier, diagnosis was demanded by the fact that uterine cancer, if operated on in its incipiency, can be definitely cured, and there is not a teacher of gynecology today who does not dwell, in his lectures, on the means of arriving at such an early diagnosis. While the betterment of diagnosis was beyond doubt the most important step towards progress, there was still another factor which just as urgently called for improvement. In former years only such cases could be subjected to operation as were comparatively little advanced. Yet, even these few were not cured permanently. A voluminous statistical literature proves that of the survivors after such an operation only about ten were actually cured. The remaining 90 succumbed eventually to the disease, and of these, about 77 per cent had a recurrence within the first year after the operation. A careful study of these recurrences revealed the fact that the overwhelming majority of them started in the parametrium. This prolific focus needed to be removed before our operative results could at all be improved, and a new era started in when the old methods of hysterectomy were abandoned and the "Wertheim operation," first suggested by Emil Ries in 1895, with its numerous modifications and extensions, was adopted. It is by means of these extended operative methods that the second great step towards progress has been made. Not only the earlier cases are now amenable to operative treatment but further advanced ones as well. Not only more patients can be subjected to operation, but of those operated on, more can be saved from death.

Speaking of purgatives, Prof. R. Bartholow used to tell his class of an old soldier who always carried about him a bullet, which he had used for forty years as a cathartic. It acted by its weight.

Dr. Charles Jewett, president of the Medical Society of the State of New York, died of apoplexy at his home in Brooklyn on August 6, aged 70 years. Dr. Jewett was a graduate of Bowdoin College and received his medical degree from the College of Physicians and Surgeons, New York, in 1871. He was a member of the Medical Society of the County of Kings, of which he was elected president in 1878, serving until 1880, of the Medical Society of the State of New York, and of the American Medical Association. He was also a member of the New York Academy of Medicine, the American Academy of Medicine, the Brooklyn Gynecological Society, of which he was president in 1893, the Brooklyn Pathological Society, and the New York Obstetrical Society, of which he was president in the year 1894, and also a member of the gynecological section of the Royal Society of Medicine of Great Britain. In 1880 he became professor of the diseases of children and obstetrics in the Long Island College Hospital, and in 1890 was appointed gynecologist to the same institution. He was also consulting obstetrician to the Kings County Hospital, consulting gynecologist to the Bushwick, the Swedish, and the German Hospitals, and consulting surgeon to St. Christopher's Hospital. He was the first surgeon in America to perform symphyseotomy.

WHAT THE MEDICAL EDITORS ARE SAYING

(Culled from the editoral pages of our exchanges.)

Nature never intended man to live in the huge anthills which we term cities. In spite of his gregarious instinct, man intuitively feels that too close contact with his fellows will cause disagreeable consequences, which he tries to regulate by legal enactments as to the prevention of disease and accident. But economic conditions, artificial in the extreme, force the foolish human being to tolerate many evils which he deems inseparable from modern civilization, and so he makes efforts now and then to brush away trifling annoyances. The latest attempt to abrogate the noises which imperil public health. They are certainly a nuisance, and in the words of good old Dr. Hughes, of St. Louis, are turning the nation into a multitude of sleep neurasthenics. "Men," he says, "become nervous wrecks and are at a loss to understand why until they reflect on the few hours of sleep they get from day to day, as a result of the unnecessary noises of modern civilization." Since crowded sections of cities are deemed inevitable under present conditions, every effort should be made to render them more habitable and the suppression of noises seem an important step towards that consummation.—Lancet-Clinic, July 23, 1910.

The Cause of Pellagra.—To start with a paradox, the cause of pellagra is unknown, but many and various have been the theories of its etiology. Lombroso spent his life in the advocation of the theory that pellagra is due to a toxemia from the ingestion of spoiled maize. He succeeded in producing a toxin from spoiled corn which, when fed to dogs gave symptoms remotely resembling pellagra. The occurrence of what is now known as blind staggers in horses, supposed also to be due to damaged corn, has been cited in favor of the corn theory. Another set of investigators have thought that it was due not simply to a chemical toxin of damaged maize, but to a mold or fungus grown upon it, while others have thought it due to some special bacteria making corn products its host. Pellagra has also been thought to be due to simply an impoverished state of the human organism, allowing most any toxic substance to give the symptoms. Investigators have found various micro-organisms and parasites in the intestines of pellagra cases and believe them to be the cause of the disease. Sambon and Lavender think that it is due to an insect because of its seasonable occurrence, of its affecting chiefly laborers in the field, its not being contagious and because neither food nor water can account for its peculiar epidemiology. Against the maize theory, both toxic and bacterial, stands the fact that many of the cases reported have never eaten corn in any form and that pellagra has occurred in districts where corn is not grown. None of the micro-organisms found in the intestines have been proved peculiar to pellagra. If an insect is the cause then it must be a common and widely distributed insect, as the disease is known in parts of Asia, Africa, Europe, America and on various islands, and this insect has never been isolated, and further the disease is not a febrile one, which is usually the case in diseases as malaria, yellow fever, etc. The only positive conclusions that we have reached at present are that pellagra is not contagious, that it is widely distributed over semi-tropical countries and that is most frequent in rural districts and among those individuals who are in an impoverished state. We would suggest that a commission be appointed to investigate the cause of pellagra and that all theories be discountenanced, unless they are backed up by laboratory and clinical proof.—Old Dominion Jour. of Med. and Surg., July, 1910.

Chronic Progressive Primary Poly-arthritis in Childhood.—A double tendency in clinical medicine is in evidence at the present day, manifested respectively in the separation of new syndromes and the identification of widely differing complexes under a common pathogenic conception. New syndromes, usually connected with the name of the describer, are mentioned with ever-increasing frequency. From the opposed standpoint we have whole series of clinically dissimilar processes united under such designations as parasyphilis and paratuberculosis. Many acute processes having at first sight little in common are now familiarly spoken of as forms of sepsis. Where once we recognized as sepsis only certain forms of surgical or puerperal infection, the term is now used indifferently for typhoid fever, generalized pneumococcic infection, or any actual or conceivable condition in which bacteria enter the blood in a virulent condition and proliferate therein. All bacteriemias, whether intense or mild in degree, may present certain traits in common. New syndromes are fully represented in the domain of the locomotor apparatus, and in lesions of the serous and synovial membranes. The late Prof. Hoffa

described some three years ago a multiple affection of the joints in children, characterized by premature atrophy of the bones and muscles. This disease began as a rule in the phalangeal articulations. No doubt the Roentgen rays were of material assistance in isolating the syndrome. The joints appeared to be enlarged, but the intimate alterations consisted of atrophy of both cartilages and bone, the articular surfaces being simply pressed together with resulting fusiform enlargement. The original seat of the mischief appeared to be the joint capsule, which in turn led to atrophy of the articulating surfaces. To the joint alterations succeeded muscular atrophy, first of the extensors and then of the flexors. The condition was eminently progressive, extending from the smaller to the larger joints, as from the hand to the elbow. In the Muenchener medizinische Wochenschrift for June 14, F. Brandenberg describes cases of this syndrome, and his attempts to treat them with thiosinamine, thyreoidin, etc. He also discusses the intimate nature of the malady. In its inception it may be complicated with inflammations of the great serosae and endocardium. In other words it presents some points of analogy with Bamberger's disease, or polyserositis, which, occurring under numerous clinical forms, tends to affect the serosae essentially and the joints only incidentally. In the syndrome at present under discussion, these conditions are apparently reversed, for the joints are involved primarily, the large serosae only incidentally. Brandenberg regards chronic progressive polyarthritis of childhood as a condition sui generis, which is in no wise related to acute polyarticular rheumatism. It shows no tendency to respond to salicylic acid and other antirheumatic remedies. Naturally it possesses only limited analogy with arthritis deformans in advanced life. The treatment must be wholly symptomatic, designed to prevent muscular atrophy and ankylosis. It will be remembered that polyserositis with occasional incidental implication of the joints is a multiform affection. Occurring as an acute articular rheumatism, in which the large serosae are attacked with the joints. Such cases are extremely rare, although it is not uncommon for a single serosa like the pericardium to participate. Chronic polyserosis, which presents a number of individual syndromes, is regarded by some as a paratuberculous process. In all cases of such type we are forced to assume the existence of some infectious principle or product in the circulation.—Medical Record, July 23, 1910.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The complete program for the annual meeting has just reached us, showing 23 papers on a variety of subjects. Among the essayists whose titles did not appear in the preliminary program published in our last issue, we note the following:

J. M. Bell, Duodenal Ulcer and Gall Stones; Differential Diagnosis.

W. T. Elam, Stricture of the Urethra.

Palmer Findley, Treatment of Inoperable Cancer of the Cervix.

Daniel Morton, The Need of Clinical and Research Laboratories as an Aid to the Development of Medicine, Surgery and Preventive Medicine in the Missouri Valley.

C. R. Woodson, Abnormal Mental Exaltation.

R. D. Mason, Some Surgical Bone Lesions.

C. W. Pollard, Care of Mother and Child after Delivery.

Mary Strong, Uterine Fibroids Complicating Pregnancy, Labor, and the Puerperium.

R. Willman, Medical Treatment of Malignant Growths.

The orations are to be given by Dr. Norvelle Wallace Sharpe, Surgery, and Dr. Geo. Howard Hoxie, Medicine. Dr. Sharpe will lecture on "Fractures of the Femur," while Dr. Hoxie will speak on "Arthritis."

The reputation of this society for interesting programs warrants is in urging our readers to attend this meeting in Council Bluffs, Iowa, Thursday and Friday, September 1 and 2. A "smoker" will follow the orations on Thursday evening, at the Grand Hotel, when the members will be the guests of the local medical society.

AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY.

A special report on birth registration is being prepared under the direction of Dr. Cressy L. Wilbur, Chief of the Division of Vital Statistics of the Bureau of the Census, for the first annual meeting of the American Association for Study and Prevention of Infant Mortality which will be held in Baltimore, November 9 to 11, 1910. The report of the committee on Birth Registration will be presented at the session on Municipal, State and Federal Prevention, of which Dr. Wm. H. Welch is chair-

man. The members of the committee on Birth Registration include in addition to Dr. Wilbur: Dr. Wilmer R. Batt, Commissioner of Vital Statistics, Harrisburg, Pa.; Dr. Charles V. Chapin, Commissioner of Health, Providence, R. I.; Dr. John S. Fulton, Sec. General Int. Cong. on Hygiene and Demography, Washington, D. C.; Dr. John N. Hurty, secretary State Board of Health, Indianapolis, Ind.; Dr. Wm. C. Woodward, Health Officer, Washington, D. C.

The meeting will open with a general session on November 9th. On the 10th and 11th there will be four special sessions as follows:

Municipal, State and Federal Prevention.—Chairman, Dr. Wm. H. Welch, Johns Hopkins Medical School, Baltimore. Secretary, Dr. John S. Fulton, Sec.-General Int. Cong. on Hygiene and Demography, Washington.

Medical Prevention—Chairman, Dr. L. Emmett Holt, 14 W. 55th street, New York City. Secretary, Dr. Philip Van Ingen, 125 East 71st street, New York City.

Educational Prevention.—Chairman, Dr. Helen C. Putnam, chairman of the committee to investigate the teaching of hygiene, appointed by the American Academy of Medicine, 1903. Secretary, Prof. Abby L. Marlatt, Department of Home Economics, University of Wisconsin, Madison, Wisconsin.

Philanthropic Prevention.—Chairman, Dr. Hastings H. Hart, Director Department of Child-Helping, Russell Sage Foundation, 105 East 23d street, New York City. Secretary, Mr. Sherman C. Kingsley, Superintendent United Charities, Chicago, Ill.

The officers of the association are:

President, Dr. J. H. Mason Knox, Jr., Baltimore.

President-elect, Prof. Chas. Richmond Henderson, Chicago.

Vice-President, Prof. C. E. A. Winslow, Boston.

Vice-President, Mr. Homer Folks, New York City.

Secretary, Dr. Linnaeus E. La Fetra, editor, Archives of Pediatrics, New York City.

Treasurer, Mr. Austin McLanahan, care of Alex. Brown & Sons, Baltimore.

Chairman Local Arrangements, Dr. Hugh Young, Baltimore.

Every section of the country is represented in the directorate.

The headquarters of the association are in the Medical and Chirurgical Faculty Building, 1211 Cathedral street, Baltimore, Maryland.

For information or circulars write to the executive secretary, Gertrude B. Knipp.

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

(Continued from page 319.)

Review of Proctologic Literature from March, 1909 to March, 1910.—By Samuel T. Earle, M. D., of Baltimore. Md.—The Committee on Proctologic Literature reviewed the following papers as worthy of the attention of the members of the Proctologic Society.

"The Treatment of Hemorrhoids by Zinc-mercury Ionization," by Dr. T. J. Bokham, which appeared in the Proceedings of the Royal Society of Medicine, May, 1909, p. 135.

A paper by Dr. Herman A. Brav in the Monthly Cyclopedia and Bulletin, May, 1909, p. 268. "The Importance of Careful Post-operative Treatment in Rectal Operations."

A paper from the Albany Medical Annals May, 1909, Vol. XXX, by Dr. George Blumer, New Haven, Conn., "Neglected Rectal Sign of Value in the Diagnosis and Prognosis of Obscure Malignant and Inflammatory Diseases within the abdomen." The sign is spoken of as the rectal shelf, which is observed on making a digital examination of the rectum on the anterior rectal wall, from two to four centimeters above the prostate gland in males. This shelf is of almost cartilaginous feel which projects into the rectal cavity. In some cases the circumference of the rectum is involved in an annular zone of infiltration, more marked anteriorly and tapering off toward the posterior wall, a signet ring stricture, as Schnitzler calls it. The summary of his paper is contained in the following: 1. In certain forms of carcinoma of the abdominal organs, notably gastric carcinoma, and in some cases of tubercular peritonitis, implantation metastases in Douglas' pouch are common.

2. These metastases impinge upon the rectum and may infiltrate its submucosa, causing a peculiar shelf-like tumor on the anterior rectal wall, readily felt by the examining finger.

3. In cases of gastric carcinoma this may be an early metastasis, and occurs especially in males.

4. In such cases the primary tumor may be latent and the metastasis may be large

enough to cause symptoms of obstruction. It has been mistaken at times for rectal carcinoma and has been removed as such.

5. The not infrequent occurrence of this rectal shelf makes it a diagnostic and prognostic sign of a good deal of importance, and warrants the statement that in no case of obscure abdominal disease should a rectal examination be omitted.

Dr. W. I. DeC. Wheeler, in the London Lancet, March 6, 1909, gives excellent reasons for always using the abdominal route, or a combined method for excision of carcinoma of the rectum, whenever the malignant growth is three inches or more above the sphincter.

The technic for Excision of the Rectum in Procidentia, as given by Dr. John H. Cunningham, Jr., Boston, Mass., Annals of Surgery, May, 1909, is referred to and favorably commented upon.

Dr. A. L. Wolbarst's improved rectal irrigating tube is referred to. A description of the instrument may be found in the Journal of the American Medical Association, July 31, 1909.

Malformations of the Anus and Rectum; Report of Four Cases.—By Alois B. Graham, A.M., M.D., of Indianapolis, Ind.—Congenital malformations demand prompt surgical treatment. Many cases are never reported and the percentage is evidently much larger than statistics indicate. These malformations are sufficiently uncommon and interesting to warrant placing every case on record. Report of four cases:

Case 1.—White male child, born with no trace of an anus, and in whom careful dissection and exploration failed to find any trace of a rectum. Colostomy, was suggested but the parents refused their consent. Child died four days later. Autopsy refused.

Case 2.—Colored male child, age five years, born with a complete obstruction of the anus by a membranous diaphragm, which was perforated by the attending physician. Examination revealed a dense stricture, almost impermeable, involving the entire anal canal. The interesting point was the presence of a hyposapdias through which feces had escaped for two years. The communication between the rectum and urethra was the result of ulcerations above the stricture rather than defective embryological development. Surgical treatment was refused.

Case 3.—Colored female child, age fifty-six days, in whom examination revealed a well-formed anus and a protruding or bulging imperforate rectum A photograph shows a pronounced distention of the abdomen the result of a fifty-six days intestinal obstruction. Posteriorly, the rectum had no attachments, and the finger could be introduced easily behind the bulging imperforate gut, through the anal canal, into a blind pouch. A fistulous opening was found in the vagina just behind the hymen. The meconium and a small quantity of feces had escaped through this opening. The protruding rectal mucosa was dissected from its attachments and excised. The rectal mucosa was then sutured to the free skin at the anal margin, except for one-eighth of an inch posteriorly. This was used for drainage in case the blind pouch became infected. This patient made a good recovery. At the last examination which was three months following operation the finger could be introduced easily into the rectum, the stools were normal, and sphincteric control was good. The fistulous opening into the vagina was closed, and the posterior rectal mucosa was firmly united to the skin at the anal margin. With the exception of an abdomen, which seemed to be a trifle prominent for one of its age, the child appeared normal.

Case 4.—White child, one of twins, age forty-two hours, in whom examination revealed an imperforate urethra and no trace of an anus. Penis and scrotum were well developed, but neither testicle could be palpated. Careful dissection and exploration failed to find any trace of a rectum. A two-inch incision was made in the median line just above the pubis, but no bladder could be found. Decided to perform a colostomy or sigmoidostomy. A portion of what was supposed to be the sigmoid was opened and a large quantity of meconium escaped. Exploration revealed a pouch which appeared of much larger dimensions than a normal colon or sigmoid should be. Operation was completed, and yet our inability to find the bladder made the case a hopeless one. Child died twenty-four hours later. At autopsy no bladder was found. The entire large intestine was removed. This case is of interest from the point of view of defective development. The pouch-like termination of the intestine might well be termed a monstrosity. The writer is inclined to believe that it is one of those rare cases in which the colon or sigmoid opens into the uterus. While the local examination revealed a male child, with the exception of being able to palpate the testicles, the examination of the specimen removed at autopsy reveals marked evidence of the female generative organs

This child was a transverse hermaphrodite —namely, one in whom the external genitals seem to be of one sex and the internal of the other. Report of examination of specimen states that the pouch-like termination of the intestine is formed of three organs: namely, the bladder, uterus and rectum. (Specimen shown.)

The Use of Quinine and Urea Hydrochloride as a Local Anesthetic in Ano-Rectal Surgery.—By Louis J. Hirschman, M. D., of Detroit, Mich.—Dr. Hirschman presented to the society, a report of his work with quinine and urea hydrochloride as a local anesthetic in ano-rectal surgery. The cases operated upon were as follows:

Acute thrombotic hemorrhoids 10; internal hemorrhoids 22; interno-external hemorrhoids 7; external hemorrhoids 10; fistula-in-ano 14; abscess perianal 7; fissure-in-ano 7; excision of scar tissue 3; Ball's operation (pruritus ani) 2; hypertrophied papillae 16; inflamed Morganian crypts 4; total 102.

He reported perfect results as far as operative anesthesia was concerned in every case, and in but seven cases was there any post-operative pain. He uses the per cent solution of quinine and urea hydrochloride in all of his cases of ano-rectal surgery, where suturing of the skin is not required.

The technic of administration as employed by Hirschman is the same as that used with weak solutions of cocain and eucain. He describes this technic in detail. He believes that the substitution of quinine and urea hydrochloride for any of the other anesthetic salts hitherto employed will be found eminently satisfactory in all cases of ano-rectal surgery, where suturing of the integument is not required. He sums up its advantages over the other anesthetic drugs as follows:

First. It is soluble in water.

Second. It can be sterilized.

Third. It is equal to cocain in anesthetic power.

Fourth. It is absolutely non-toxic.

Fifth. It has a pronounced hemostatic action.

Sixth. Post-operative anesthesia lasts from four hours to several days.

Seventh. It is inexpensive and most always available.

Atony of the Rectum.—By William M. Beach, M. D., of Pittsburgh, Pa.—Dr. Beach stated that atony or sluggishness of the rectum signifies the inability to expel its contents by reason of impaired musculature, ligmentation or innervation, and further that the musculature in the rectum proper, or that portion above the plane of the levator ani is entirely involuntary whose inertia must therefore be due to some inherent factor.

On the contrary, the anal canal, which is made up for the most part of the voluntary fibre has most to do with the expulsive act, the normal function of which depends chiefly upon the muscular automaton that is intact, proper innervation and psychic influence.

The physiologic rectum depends upon (1) an unobstructed canal; (2) firm liagments, and (3) a well-developed rectal sense residing in the anal canal. Factors contributing to atony are (a) traumatism to the perineal body; (b) disease in the anal canal; (c) enteroptosis secondary to general systemic conditions or local anatomic anomalies; (d) the abuse of injections and drastic catharsis; (e) disease in adjacent organs, as prolapsed uterus, adhesions, neoplasms, appendicitis, prostatitis, circulatory disturbance as engorged portal vessels and primary gastric diseases; (f) atony may be the sequel to leusis or senility. The treatment is that of constipation being guided by the cause. Alterative, dietetic and mechanical agencies are to be invoked.

(To be continued)

The American Electro-Therapeutic Association.—The twentieth annual meeting of this association will be held at Saratoga Springs, N. Y., on September 13 to 15, 1910. Programs and circulars may be obtained from the secretary, Dr. J. W. Travell, 27 East Eleventh street, New York, N. Y.

Tri-State Medical Society.—The eighteenth annual meeting of this association will be held in St. Louis, on September 13 and 14, under the presidency of Dr. Wm. Jepson, of Sioux City. The address in Medicine will be by Dr. J. H. Kellogg, of Battle Creek, and the Surgical address by Dr. B. Merrill Ricketts, of Cincinnati. An entertaining and instructive program is being prepared.

Iowa State Boards.—The Iowa State Board of Medical Examiners recently elected Dr. George E. Decker of Davenport as its president. The State Board of Health elected as president Dr. A. C. Moerke of Burlington. Dr. G. H. Sumner of Waterloo was re-elected secretary; and Dr. Henry Albert of Iowa City was appointed director of the State laboratories, and Prof. Charles M. Kinney of Des Moines, State Chemist.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Death of Mrs. Tiffany.—We are pained to announce the death of the wife of our friend, Dr. Flavel B. Tiffany, of Kansas City, which occurred at her old home in Northboro, Mass., on August 14th. Mrs. Tiffany was a talented woman, a writer, musician, and one who had travelled extensively. Dr. Tiffany has our sincere sympathy in his bereavement.

Headquarters for Physicians.—When visiting St. Louis, either on business or pleasure, our readers should consider their personal comfort. as well as their appetite, and cater to both by stopping at the "Southern" hotel. This old reliable hostelry continues to hold its enviable reputation for an excellent table and superior service. The Southern is distinctively the physician's headquarters in this city.

Burning coffee in a room filled with the odor of cresote will remove the odor.

A New Edition of Gray's Anatomy.—Announcement is made by the publishers, Messrs. Lea & Febiger, of Philadelphia, that the eighteenth edition of Gray's Anat omy will be ready in about a month. The work of revision has been conducted by Dr. E. A. Spitzka, professor of anatomy in the Jefferson Medical College and the changes in both text and illustrations have been so extensive that the entire book has been reset. By means of rearrangement many duplications have been eliminated, and this, together with condensations wherever practicable, has made it possible to reduce the size of the book by about one hundred pages. The illustrations have been thoroughly revised, many cuts being replaced by new ones, and several new colored drawings have been added.

Relief for Sea-sickness.—A remedy for sea-sickness there is none, and perhaps never will be, but no doubt many cases might be prevented. Comparatively few would be very ill if their digestive apparatus was in good condition when going on board, and was not abused immediately afterward. A simple head-bandage made by a towel, a large handkerchief, or any thing similar, dipped into hot salt or sweet water, and applied around the head a few times, restores the proper circulation of the blood, relieves the abdomen from pressure, and checks the cerebral anemia. To secure the best results the patient should lie down flat on the back, and fold the towel, soaked in water as hot as can be endured, and as tightly as possible, around the head, reheating the towel at intervals.

Canadian Physicians' Decisions.—U. S. Consul Henry W. Conant, of Windsor, gives the following information concerning steps taken by Canadian physicians to safeguard the profession. That the Ontario Medical Council intends to take a strong stand against cases of improper practices on the part of physicians is shown by two amendments that have recently been adopted by that body. One is that in case of a physician being convicted in the courts his name may be stricken from the roll without any further investigation by the council. The other is that the executive committee should have power to investigate suspected cases on its own initiative. At the present time it can do so only upon the complaint of four licensed practitioners. The council has set the seal of approval upon the act to establish a medical council for Canada.—Consular Reports.